

Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp

CALIFORNIA
2001/02
FORM

COVER PAGE
460

Page 1 of 165

For Official Use Only

Statement covers period

from 01/01/2019

through 03/31/2019

Date of election if applicable:
(Month, Day, Year)

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1,2,3, and 4.

- ☐ Officeholder, Candidate Controlled Committee
☐ State Candidate Election Committee
☐ Recall

(Also Complete Part 5.)

☒ General Purpose Committee

- ☒ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee

- ☐ Ballot Measure Committee
☐ Primary Formed
☐ Controlled
☐ Sponsored

(Also Complete Part 6.)

- ☐ Primary Formed Candidate/
Officeholder Committee
(Also Complete Part 7.)

2. Type of Statement:

- ☐ Pre-election Statement
☐ Semi-annual Statement
☐ Termination Statement
☐ Amendment (Explain below)

- ☐ Quarterly Statement
☒ Special Odd-Year Report
☐ Supplemental Preelection
Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
742617

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
CALPAC - California Medical Association PAC

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Sacramento	CA	95814	

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Sacramento	CA	95814	

OPTIONAL: FAX/E-MAIL ADDRESS
info@olsonhagel.com

Treasurer(s)

NAME OF TREASURER
Vimal Nanavati, MD

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Sacramento	CA	95814	(916) 444-5532

NAME OF ASSISTANT TREASURER, IF ANY
Janus Norman

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Sacramento	CA	95814	(916) 444-5532

OPTIONAL: FAX/E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 04/25/2019 By Janus Norman
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 04/25/2019 By Janus Norman
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC
State of California

Recipient Committee Campaign Statement Cover Page – Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA
FORM **460**

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

☐ SUPPORT
☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

7. Primarily Formed Committee

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from 01/01/2019 through 03/31/2019	CALIFORNIA FORM 460 Page 3 of 165 I.D. NUMBER 742617
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CALPAC - California Medical Association PAC

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	\$393,719.40	\$393,719.40
2. Loans Received	Schedule B, Line 7	\$0.00	\$0.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$393,719.40	\$393,719.40
4. Nonmonetary Contributions	Schedule C, Line 3	\$0.00	\$0.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$393,719.40	\$393,719.40

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contribution Received	\$0.00	\$0.00
21. Expenditures Made	\$0.00	\$0.00

Expenditures Made

6. Payments Made	Schedule E, Line 4	\$224,340.16	\$224,340.16
7. Loans Made	Schedule H, Line 7	\$0.00	\$0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$224,340.16	\$224,340.16
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	\$0.00	\$0.00
10. Nonmonetary Adjustment	Schedule C, Line 3	\$0.00	\$0.00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$224,340.16	\$224,340.16

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$197,967.95	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).
13. Cash Receipts	Column A, Line 3 above	\$393,719.40	
14. Miscellaneous Increases to Cash	Schedule I, Line 4	\$169.83	
15. Cash Payments	Column A, Line 8 above	\$224,340.16	
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$367,517.02	
If this is a termination statement, Line 16 must be zero.			

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2 \$0.00

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	\$0.00
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$0.00

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

Schedule A

Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from	01/01/2019	
through	03/31/2019	Page 4 of 165
NAME OF FILER CALPAC - California Medical Association PAC		I.D. Number 742617

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/15/2019	Jennifer Abraham Bakersfield, CA 93301	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kern Faculty Medical Group Physician	\$66.00	\$191.01	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
1/16/2019	Jennifer Abraham Bakersfield, CA 93301	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kern Faculty Medical Group Physician	\$41.67	\$191.01	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
2/11/2019	Jennifer Abraham Bakersfield, CA 93301	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kern Faculty Medical Group Physician	\$41.67	\$191.01	

SUBTOTAL

Schedule A Summary

1. Amount received this period - contributions of \$100 or more. (Include all Schedule A subtotals.)	\$40,861.78
2. Amount received this period - unitemized contributions of less than \$100	\$352,857.62
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	TOTAL \$393,719.40

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

FPPC Form 460 (JUNE/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
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SCHEDULE A (CONT.)

Statement covers period from 01/01/2019 through 03/31/2019		CALIFORNIA FORM 460 Page 5 of 165
I.D. Number 742617		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CALPAC - California Medical Association PAC

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/11/2019	Jennifer Abraham Bakersfield, CA 93301	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kern Faculty Medical Group Physician	\$41.67	\$191.01	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
1/30/2019	Alberto Acevedo Delano, CA 93215	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Alberto L. Acevedo, MD Physician	\$66.00	\$216.00	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2019	
through	03/31/2019	Page 6 of 165
NAME OF FILER CALPAC - California Medical Association PAC		I.D. Number 742617

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Alberto Acevedo Delano, CA 93215	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Alberto L. Acevedo, MD Physician	\$150.00	\$216.00	
	INTERMEDIARY Kern County Medical Society Bakesfield, CA 93309	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
1/31/2019	Shashidhar Acharya Orange, CA 92866	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Shashidhar Acharya, MD Physician	\$150.00	\$150.00	
	INTERMEDIARY Orange County Medical Association Newport Beach, CA 92660	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
1/16/2019	Ruenell Adams Jacobs Elk Grove, CA 95758-7901	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sutter Medical Plaza, Elk Grove Physician	\$41.67	\$191.01	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2019</u> through <u>03/31/2019</u>		CALIFORNIA FORM 460
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NAME OF FILER CALPAC - California Medical Association PAC		I.D. Number 742617

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
2/11/2019	Ruenell Adams Jacobs Elk Grove, CA 95758-7901	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sutter Medical Plaza, Elk Grove Physician	\$41.67	\$191.01	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/11/2019	Ruenell Adams Jacobs Elk Grove, CA 95758-7901	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sutter Medical Plaza, Elk Grove Physician	\$41.67	\$191.01	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2019</u> through <u>03/31/2019</u>		CALIFORNIA FORM 460
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NAME OF FILER CALPAC - California Medical Association PAC		I.D. Number 742617

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3/12/2019	Ruenell Adams Jacobs Elk Grove, CA 95758-7901	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sutter Medical Plaza, Elk Grove Physician	\$66.00	\$191.01	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
1/16/2019	Kent Adamson Mission Viejo, CA 92691	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Community Orthopedic Medical Group Physician	\$83.34	\$250.02	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
2/11/2019	Kent Adamson Mission Viejo, CA 92691	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Community Orthopedic Medical Group Physician	\$83.34	\$250.02	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2019</u> through <u>03/31/2019</u>		CALIFORNIA FORM 460 Page <u>9</u> of <u>165</u> I.D. Number 742617
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NAME OF FILER

CALPAC - California Medical Association PAC

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	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/11/2019	Kent Adamson Mission Viejo, CA 92691	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Community Orthopedic Medical Group Physician	\$83.34	\$250.02	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
1/15/2019	David Ahn Apple Valley, CA 92308	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Infinity Medical Group Physician	\$66.00	\$1,066.00	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2019	
through	03/31/2019	Page 10 of 165
NAME OF FILER CALPAC - California Medical Association PAC		I.D. Number 742617

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3/25/2019	David Ahn Apple Valley, CA 92308	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Infinity Medical Group Physician	\$1,000.00	\$1,066.00	
	INTERMEDIARY San Bernardino County Medical Society Redlands, CA 92373	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/12/2019	Ian Ahwah Oakland, CA 94618	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Ian Ahwah, MD Physician	\$56.00	\$168.00	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/12/2019	Ian Ahwah Oakland, CA 94618	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Ian Ahwah, MD Physician	\$56.00	\$168.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2019</u> through <u>03/31/2019</u>		CALIFORNIA FORM 460
Page <u>11</u> of <u>165</u>		
NAME OF FILER CALPAC - California Medical Association PAC		I.D. Number 742617

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	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/12/2019	Ian Ahwah Oakland, CA 94618	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Ian Ahwah, MD Physician	\$56.00	\$168.00	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
1/16/2019	Karrar Ali La Jolla, CA 92037	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Vituity Physician	\$83.34	\$250.02	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2019	
through	03/31/2019	Page 12 of 165

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CALPAC - California Medical Association PAC

I.D. Number
742617

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/11/2019	Karrar Ali La Jolla, CA 92037	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Vituity Physician	\$83.34	\$250.02	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/11/2019	Karrar Ali La Jolla, CA 92037	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Vituity Physician	\$83.34	\$250.02	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
2/27/2019	Eric Alltucker San Luis Obispo, CA 93405	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Eric Alltucker, MD Physician	\$300.00	\$300.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2019</u> through <u>03/31/2019</u>		CALIFORNIA FORM 460
Page <u>13</u> of <u>165</u>		
NAME OF FILER CALPAC - California Medical Association PAC		I.D. Number 742617

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/15/2019	Douglas Anderson San Francisco, CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Douglas Anderson, MD Physician	\$100.00	\$100.00	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/15/2019	William Arroyo Sherman Oaks, CA 91423	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	William Arroyo, M.D. Physician	\$300.00	\$300.00	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2019</u> through <u>03/31/2019</u>		CALIFORNIA FORM 460
Page <u>14</u> of <u>165</u>		
NAME OF FILER CALPAC - California Medical Association PAC		I.D. Number 742617

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/16/2019	William Averill Torrance, CA 90505	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	William K Averill MD Physician	\$83.34	\$250.02	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
2/11/2019	William Averill Torrance, CA 90505	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	William K Averill MD Physician	\$83.34	\$250.02	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/11/2019	William Averill Torrance, CA 90505	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	William K Averill MD Physician	\$83.34	\$250.02	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2019	
through	03/31/2019	Page 15 of 165

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CALPAC - California Medical Association PAC

I.D. Number
742617

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
1/16/2019	Gabrielle Balan Moreno Valley, CA 92551	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Riverside University Health System - Medical Center Director of Advocacy and QI	\$41.67	\$125.01	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
2/11/2019	Gabrielle Balan Moreno Valley, CA 92551	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Riverside University Health System - Medical Center Director of Advocacy and QI	\$41.67	\$125.01	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2019	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CALPAC - California Medical Association PAC

I.D. Number
742617

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/11/2019	Gabrielle Balan Moreno Valley, CA 92551	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Riverside University Health System - Medical Center Director of Advocacy and QI	\$41.67	\$125.01	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
1/15/2019	Jean Bardenheier Azusa, CA 91702	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Jean Bardenheier, MD Physician	\$66.00	\$216.00	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
2/27/2019	Jean Bardenheier Azusa, CA 91702	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Jean Bardenheier, MD Physician	\$150.00	\$216.00	

SUBTOTAL

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2019	
through	03/31/2019	Page 17 of 165

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CALPAC - California Medical Association PAC

I.D. Number
742617

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
2/27/2019	Edith Valerie Barnes Pebble Beach, CA 93953	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Medical Director - Archer Child Advocacy Center Physician	\$150.00	\$150.00	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
1/15/2019	James Betts Oakland, CA 94609	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	UCSF Benioff Children's Hospital Oakland Physician	\$62.00	\$312.00	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2019	
through	03/31/2019	Page 18 of 165
NAME OF FILER CALPAC - California Medical Association PAC		I.D. Number 742617

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	James Betts Oakland, CA 94609	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	UCSF Benioff Children's Hospital Oakland Physician	\$100.00	\$312.00	
	INTERMEDIARY Alameda Contra-Costa Medical Association Oakland, CA 94618	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
2/27/2019	James Betts Oakland, CA 94609	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	UCSF Benioff Children's Hospital Oakland Physician	\$150.00	\$312.00	
3/15/2019	Mibhali Bhalala Redwood City, CA 94063	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kaiser Permanente Medical Group - Redwood City Physician	\$500.00	\$500.00	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2019</u>		CALIFORNIA FORM 460
through <u>03/31/2019</u>		
		Page <u>19</u> of <u>165</u>
NAME OF FILER CALPAC - California Medical Association PAC		I.D. Number 742617

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/15/2019	Luke Bianco Visalia, CA 93277	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Luke Bianco, MD Physician	\$66.00	\$216.00	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
1/31/2019	Luke Bianco Visalia, CA 93277	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Luke Bianco, MD Physician	\$150.00	\$216.00	
	INTERMEDIARY Tulare County Medical Society, Inc. Visalia, CA 93277	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
1/16/2019	Rodney Borger Colton, CA 92324	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Vituity Physician	\$83.34	\$250.02	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2019	
through	03/31/2019	Page 20 of 165
NAME OF FILER CALPAC - California Medical Association PAC		I.D. Number 742617

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
2/11/2019	Rodney Borger Colton, CA 92324	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Vituity Physician	\$83.34	\$250.02	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/11/2019	Rodney Borger Colton, CA 92324	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Vituity Physician	\$83.34	\$250.02	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2019	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER CALPAC - California Medical Association PAC	I.D. Number 742617
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/16/2019	Albert Brooks Fremont, CA 94538	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Washington Hospital Physician	\$41.67	\$191.01	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
2/5/2019	Albert Brooks Fremont, CA 94538	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Washington Hospital Physician	\$66.00	\$191.01	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
2/11/2019	Albert Brooks Fremont, CA 94538	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Washington Hospital Physician	\$41.67	\$191.01	
SUBTOTAL						

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2019</u> through <u>03/31/2019</u>		CALIFORNIA FORM 460
Page <u>22</u> of <u>165</u>		
NAME OF FILER CALPAC - California Medical Association PAC		I.D. Number 742617

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/11/2019	Albert Brooks Fremont, CA 94538	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Washington Hospital Physician	\$41.67	\$191.01	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
1/31/2019	Frank Brown Oakland, CA 94603	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Frank Brown, MD Physician	\$150.00	\$150.00	
	INTERMEDIARY Alameda Contra-Costa Medical Association Oakland, CA 94618	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL						

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2019</u> through <u>03/31/2019</u>		CALIFORNIA FORM 460
Page <u>23</u> of <u>165</u>		
NAME OF FILER CALPAC - California Medical Association PAC		I.D. Number 742617

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1/15/2019	Evelyn Cardenas Manhattan Beach, CA 90266	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Evelyn Cardenas, MD Inc Physician	\$66.00	\$216.00	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
2/27/2019	Evelyn Cardenas Manhattan Beach, CA 90266	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Evelyn Cardenas, MD Inc Physician	\$150.00	\$216.00	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
1/31/2019	Benedict Carota Hollister, CA 95023	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Benedict Carota, MD Physician	\$150.00	\$216.00	
SUBTOTAL						

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER

CALPAC - California Medical Association PAC

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	INTERMEDIARY San Benito County Medical Society Hollister, CA 95023	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
2/5/2019	Benedict Carota Hollister, CA 95023	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Benedict Carota, MD Physician	\$66.00	\$216.00	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
1/16/2019	Maria Carriedo-Ceniceros San Diego, CA 92154	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Ysidro Health Center Physician	\$25.00	\$150.00	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2019	
through	03/31/2019	Page 25 of 165

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER CALPAC - California Medical Association PAC	I.D. Number 742617
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/16/2019	Maria Carriedo-Ceniceros San Diego, CA 92154	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Ysidro Health Center Physician	\$25.00	\$150.00	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
2/11/2019	Maria Carriedo-Ceniceros San Diego, CA 92154	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Ysidro Health Center Physician	\$25.00	\$150.00	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
2/11/2019	Maria Carriedo-Ceniceros San Diego, CA 92154	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Ysidro Health Center Physician	\$25.00	\$150.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2019	
through	03/31/2019	Page 26 of 165

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CALPAC - California Medical Association PAC

I.D. Number

742617

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/11/2019	Maria Carriedo-Ceniceros San Diego, CA 92154	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Ysidro Health Center Physician	\$25.00	\$150.00	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/11/2019	Maria Carriedo-Ceniceros San Diego, CA 92154	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Ysidro Health Center Physician	\$25.00	\$150.00	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2019</u>		CALIFORNIA FORM 460
through <u>03/31/2019</u>		
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NAME OF FILER CALPAC - California Medical Association PAC		I.D. Number 742617

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/15/2019	Lisa Cassileth Beverly Hills, CA 90210	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lisa B. Cassileth MD Physician	\$66.00	\$166.00	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
2/27/2019	Lisa Cassileth Beverly Hills, CA 90210	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lisa B. Cassileth MD Physician	\$100.00	\$166.00	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
2/27/2019	Luther Cobb Eureka, CA 95501	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Cobb Luther F MD Physician	\$300.00	\$366.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2019</u> through <u>03/31/2019</u>		CALIFORNIA FORM 460
Page <u>28</u> of <u>165</u>		
NAME OF FILER CALPAC - California Medical Association PAC		I.D. Number 742617

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	INTERMEDIARY Humboldt-Del Norte County Medical Society Eureka, CA 95502	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/12/2019	Luther Cobb Eureka, CA 95501	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Cobb Luther F MD Physician	\$66.00	\$366.00	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
1/16/2019	Dustin Corcoran Sacramento, CA 95814	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	California Medical Association Chief Executive Officer	\$208.34	\$625.02	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2019</u> through <u>03/31/2019</u>		CALIFORNIA FORM 460
Page <u>29</u> of <u>165</u>		
NAME OF FILER CALPAC - California Medical Association PAC		I.D. Number 742617

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/11/2019	Dustin Corcoran Sacramento, CA 95814	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	California Medical Association Chief Executive Officer	\$208.34	\$625.02	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/11/2019	Dustin Corcoran Sacramento, CA 95814	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	California Medical Association Chief Executive Officer	\$208.34	\$625.02	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/15/2019	Jacques Corriveau Antioch, CA 94531	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	The Permanente Medical Group Physician	\$150.00	\$150.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2019	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CALPAC - California Medical Association PAC

I.D. Number
742617

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
1/16/2019	Michael Couris San Diego, CA 92103	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Michael T Couris MD Inc. Physician	\$83.34	\$316.02	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
2/11/2019	Michael Couris San Diego, CA 92103	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Michael T Couris MD Inc. Physician	\$83.34	\$316.02	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2019	
through	03/31/2019	Page 31 of 165
NAME OF FILER CALPAC - California Medical Association PAC		I.D. Number 742617

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/6/2019	Michael Couris San Diego, CA 92103	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Michael T Couris MD Inc. Physician	\$66.00	\$316.02	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/11/2019	Michael Couris San Diego, CA 92103	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Michael T Couris MD Inc. Physician	\$83.34	\$316.02	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/25/2019	Betty Daniels San Bernardino, CA 92404	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Woman To Woman Ob/Gyn Medical Group Physician	\$150.00	\$150.00	

SUBTOTAL

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2019</u>		CALIFORNIA FORM 460
through <u>03/31/2019</u>		
		Page <u>32</u> of <u>165</u>
NAME OF FILER CALPAC - California Medical Association PAC		I.D. Number 742617

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	INTERMEDIARY San Bernardino County Medical Society Redlands, CA 92373	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
1/15/2019	Samuel Dey Riverside, CA 92504	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Dogon Behavioral Medical Group Physician	\$66.00	\$366.00	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
1/31/2019	Samuel Dey Riverside, CA 92504	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Dogon Behavioral Medical Group Physician	\$300.00	\$366.00	
	INTERMEDIARY Riverside County Medical Association Riverside, CA 92506	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from 01/01/2019 through 03/31/2019		CALIFORNIA FORM 460 Page 33 of 165
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
CALPAC - California Medical Association PAC

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/16/2019	John Digges Bakersfield, CA 93306	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	John L. Digges, MD Physician	\$83.34	\$250.02	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
2/11/2019	John Digges Bakersfield, CA 93306	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	John L. Digges, MD Physician	\$83.34	\$250.02	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/11/2019	John Digges Bakersfield, CA 93306	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	John L. Digges, MD Physician	\$83.34	\$250.02	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2019	
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NAME OF FILER

CALPAC - California Medical Association PAC

I.D. Number

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	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
1/16/2019	Alexander Ding Belmont, CA 94002	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	California Advanced Imaging Medical Associates Physician	\$41.67	\$125.01	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
2/11/2019	Alexander Ding Belmont, CA 94002	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	California Advanced Imaging Medical Associates Physician	\$41.67	\$125.01	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2019</u>		CALIFORNIA FORM 460
through <u>03/31/2019</u>		
		Page <u>35</u> of <u>165</u>
		I.D. Number 742617

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NAME OF FILER

CALPAC - California Medical Association PAC

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3/11/2019	Alexander Ding Belmont, CA 94002	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	California Advanced Imaging Medical Associates Physician	\$41.67	\$125.01	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
2/27/2019	Marwan Edris Laguna Hills, CA 92653	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Marwan Edris, M.D. Physician	\$150.00	\$150.00	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
1/15/2019	Daniel Einhorn La Jolla, CA 92037	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Diabetes and Endocrine Associates Physician	\$59.00	\$209.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2019</u> through <u>03/31/2019</u>		CALIFORNIA FORM 460 Page <u>36</u> of <u>165</u> I.D. Number 742617

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CALPAC - California Medical Association PAC

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	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
1/31/2019	Daniel Einhorn La Jolla, CA 92037	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Diabetes and Endocrine Associates Physician	\$150.00	\$209.00	
	INTERMEDIARY San Diego County Medical Society San Diego, CA 92123	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
1/15/2019	Troy Elander Santa Monica, CA 90402	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Elander Eye Care Physician	\$5.50	\$266.52	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL						

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2019	
through	03/31/2019	Page 37 of 165

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CALPAC - California Medical Association PAC

I.D. Number
742617

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/16/2019	Troy Elander Santa Monica, CA 90402	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Elander Eye Care Physician	\$83.34	\$266.52	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
2/11/2019	Troy Elander Santa Monica, CA 90402	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Elander Eye Care Physician	\$83.34	\$266.52	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
2/19/2019	Troy Elander Santa Monica, CA 90402	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Elander Eye Care Physician	\$5.50	\$266.52	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2019	
through	03/31/2019	Page 38 of 165
NAME OF FILER CALPAC - California Medical Association PAC		I.D. Number 742617

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/11/2019	Troy Elander Santa Monica, CA 90402	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Elander Eye Care Physician	\$83.34	\$266.52	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/20/2019	Troy Elander Santa Monica, CA 90402	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Elander Eye Care Physician	\$5.50	\$266.52	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2019	
through	03/31/2019	Page 39 of 165

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER CALPAC - California Medical Association PAC	I.D. Number 742617
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/16/2019	Roger Eng San Francisco, CA 94133	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Chinese Community Health Care Association Physician	\$83.34	\$250.02	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
2/11/2019	Roger Eng San Francisco, CA 94133	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Chinese Community Health Care Association Physician	\$83.34	\$250.02	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/11/2019	Roger Eng San Francisco, CA 94133	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Chinese Community Health Care Association Physician	\$83.34	\$250.02	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from 01/01/2019 through 03/31/2019	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CALPAC - California Medical Association PAC

I.D. Number

742617

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/25/2019	Andrea Espinosa Porterville, CA 93257	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Andrea Espinosa, MD Physician	\$150.00	\$216.00	
	INTERMEDIARY Tulare County Medical Society, Inc. Visalia, CA 93277	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/27/2019	Andrea Espinosa Porterville, CA 93257	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Andrea Espinosa, MD Physician	\$66.00	\$216.00	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2019	
through	03/31/2019	Page 41 of 165
NAME OF FILER CALPAC - California Medical Association PAC		I.D. Number 742617

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/25/2019	John Fagan Rancho Cucamonga, CA 91730	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Aspen Family Medicine & Geriatrics Physician	\$150.00	\$150.00	
	INTERMEDIARY San Bernardino County Medical Society Redlands, CA 92373	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
2/27/2019	Neal Feuerman Hydesville, CA 95547	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Redwood Memorial Anesthesiology Physician	\$150.00	\$150.00	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
2/27/2019	Michael Fitzgibbons Santa Ana, CA 92705	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	St. Joseph Health Physician	\$300.00	\$300.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2019	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CALPAC - California Medical Association PAC

I.D. Number
742617

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
1/16/2019	George Fouras San Francisco, CA 94127	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	George Fouras, MD Physician	\$83.34	\$250.02	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
2/11/2019	George Fouras San Francisco, CA 94127	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	George Fouras, MD Physician	\$83.34	\$250.02	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2019</u> through <u>03/31/2019</u>		CALIFORNIA FORM 460
Page <u>43</u> of <u>165</u>		
NAME OF FILER CALPAC - California Medical Association PAC		I.D. Number 742617

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/11/2019	George Fouras San Francisco, CA 94127	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	George Fouras, MD Physician	\$83.34	\$250.02	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
1/16/2019	Richard Freeman Sacramento, CA 95814	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Richard Freeman, MD Physician	\$208.34	\$625.02	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
2/11/2019	Richard Freeman Sacramento, CA 95814	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Richard Freeman, MD Physician	\$208.34	\$625.02	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from 01/01/2019 through 03/31/2019		CALIFORNIA FORM 460 Page 44 of 165
I.D. Number 742617		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CALPAC - California Medical Association PAC

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/11/2019	Richard Freeman Sacramento, CA 95814	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Richard Freeman, MD Physician	\$208.34	\$625.02	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
2/27/2019	Steven Fugaro San Francisco, CA 94123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Steven Fugaro, MD Physician	\$300.00	\$300.00	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2019	
through	03/31/2019	Page 45 of 165

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER CALPAC - California Medical Association PAC	I.D. Number 742617
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/20/2019	Nehal Ghevariya San Leandro, CA 94578	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Nehal Ghevariya, MD Physician	\$56.00	\$168.00	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/20/2019	Nehal Ghevariya San Leandro, CA 94578	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Nehal Ghevariya, MD Physician	\$56.00	\$168.00	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/20/2019	Nehal Ghevariya San Leandro, CA 94578	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Nehal Ghevariya, MD Physician	\$56.00	\$168.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2019	
through	03/31/2019	Page 46 of 165
NAME OF FILER CALPAC - California Medical Association PAC		I.D. Number 742617

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/12/2019	Vishal Ghevariya Castro Valley, CA 94546	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Gastro Specialists Medical Group Physician	\$56.00	\$168.00	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/12/2019	Vishal Ghevariya Castro Valley, CA 94546	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Gastro Specialists Medical Group Physician	\$56.00	\$168.00	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 01/01/2019		
through 03/31/2019		Page 47 of 165
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NAME OF FILER

CALPAC - California Medical Association PAC

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/12/2019	Vishal Ghevariya Castro Valley, CA 94546	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Gastro Specialists Medical Group Physician	\$56.00	\$168.00	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
1/15/2019	Robert Gingery San Leandro, CA 94578	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Gen Vascular Surgical Medical Group Physician	\$62.00	\$212.00	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
1/31/2019	Robert Gingery San Leandro, CA 94578	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Gen Vascular Surgical Medical Group Physician	\$150.00	\$212.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from 01/01/2019 through 03/31/2019		CALIFORNIA FORM 460 Page 48 of 165
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NAME OF FILER

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	INTERMEDIARY Alameda Contra-Costa Medical Association Oakland, CA 94618	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/5/2019	Harshkumar Gohil Pleasanton, CA 94566	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	The Permanente Medical Group Physician	\$150.00	\$150.00	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
1/15/2019	Steven Goldberg Stockton, CA 95204	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Steven L Goldberg, MD Inc Physician	\$62.00	\$212.00	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2019</u> through <u>03/31/2019</u>		CALIFORNIA FORM 460
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NAME OF FILER CALPAC - California Medical Association PAC		I.D. Number 742617

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/27/2019	Steven Goldberg Stockton, CA 95204	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Steven L. Goldberg, MD Inc Physician	\$150.00	\$212.00	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/25/2019	Alan Gorenberg Victorville, CA 92395-5814	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Allergy And Asthma Care Center Physician	\$150.00	\$150.00	
	INTERMEDIARY San Bernardino County Medical Society Redlands, CA 92373	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
2/1/2019	Susan Gutierrez San Ramon, CA 94583	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Susan Gutierrez, MD Physician	\$150.00	\$150.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2019</u> through <u>03/31/2019</u>		CALIFORNIA FORM 460 Page <u>50</u> of <u>165</u> I.D. Number 742617

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CALPAC - California Medical Association PAC

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
1/15/2019	Ann Haas Sacramento, CA 95816	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sutter Medical Group Physician	\$66.00	\$141.00	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
1/16/2019	Ann Haas Sacramento, CA 95816	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sutter Medical Group Physician	\$25.00	\$141.00	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL						

*Contributor Codes
 IND - Individual
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 (other than PTY or SCC)
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 PTY - Political Party
 SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2019</u> through <u>03/31/2019</u>		CALIFORNIA FORM 460
Page <u>51</u> of <u>165</u>		
NAME OF FILER CALPAC - California Medical Association PAC		I.D. Number 742617

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/11/2019	Ann Haas Sacramento, CA 95816	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sutter Medical Group Physician	\$25.00	\$141.00	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/11/2019	Ann Haas Sacramento, CA 95816	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sutter Medical Group Physician	\$25.00	\$141.00	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
2/5/2019	Eric Hansen Hesperia, CA 92345	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Choice Medical Group Physician	\$59.00	\$1,059.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2019	
through	03/31/2019	Page <u>52</u> of <u>165</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CALPAC - California Medical Association PAC

I.D. Number
742617

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/15/2019	Eric Hansen Hesperia, CA 92345	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Choice Medical Group Physician	\$1,000.00	\$1,059.00	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
1/30/2019	Sanaz Hariri Los Gatos, CA 95032	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sanaz Hariri, MD Physician	\$66.00	\$216.00	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2019	
through	03/31/2019	Page 53 of 165
NAME OF FILER CALPAC - California Medical Association PAC		I.D. Number 742617

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/27/2019	Sanaz Hariri Los Gatos, CA 95032	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sanaz Hariri, MD Physician	\$150.00	\$216.00	
	INTERMEDIARY Santa Clara County Medical Association San Jose, CA 95128	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
1/16/2019	James Hay Encinitas, CA 92024	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	North Coast Family Medical Group Physician	\$83.34	\$250.02	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
2/11/2019	James Hay Encinitas, CA 92024	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	North Coast Family Medical Group Physician	\$83.34	\$250.02	

SUBTOTAL

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2019	
through	03/31/2019	Page 54 of 165

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CALPAC - California Medical Association PAC

I.D. Number

742617

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/11/2019	James Hay Encinitas, CA 92024	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	North Coast Family Medical Group Physician	\$83.34	\$250.02	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
1/16/2019	Paul Hegyi San Diego, CA 92123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Diego County Medical Society Chief Executive Officer	\$83.34	\$250.02	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL						

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PTY - Political Party
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2019</u> through <u>03/31/2019</u>		CALIFORNIA FORM 460
Page <u>55</u> of <u>165</u>		
NAME OF FILER CALPAC - California Medical Association PAC		I.D. Number 742617

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/11/2019	Paul Hegyi San Diego, CA 92123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Diego County Medical Society Chief Executive Officer	\$83.34	\$250.02	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/11/2019	Paul Hegyi San Diego, CA 92123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Diego County Medical Society Chief Executive Officer	\$83.34	\$250.02	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
1/31/2019	David Herbert Fair Oaks, CA 95628	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sutter Independent Physicians Physician	\$150.00	\$216.00	
SUBTOTAL						

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OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2019</u> through <u>03/31/2019</u>		CALIFORNIA FORM 460
Page <u>56</u> of <u>165</u>		
NAME OF FILER CALPAC - California Medical Association PAC		I.D. Number 742617

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/5/2019	David Herbert Fair Oaks, CA 95628	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sutter Independent Physicians Physician	\$66.00	\$216.00	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
1/16/2019	Robert Hertzka San Diego, CA 92123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Anesthesia Service Medical Group Physician	\$83.34	\$291.02	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
2/11/2019	Robert Hertzka San Diego, CA 92123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Anesthesia Service Medical Group Physician	\$83.34	\$291.02	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2019	
through	03/31/2019	Page <u>57</u> of <u>165</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CALPAC - California Medical Association PAC

I.D. Number
742617

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/11/2019	Robert Hertzka San Diego, CA 92123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Anesthesia Service Medical Group Physician	\$83.34	\$291.02	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/12/2019	Robert Hertzka San Diego, CA 92123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Anesthesia Service Medical Group Physician	\$41.00	\$291.02	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2019</u> through <u>03/31/2019</u>		CALIFORNIA FORM 460
Page <u>58</u> of <u>165</u>		
NAME OF FILER CALPAC - California Medical Association PAC		I.D. Number 742617

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/16/2019	John Hipskind Visalia, CA 93291	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Vituity Physician	\$83.34	\$250.02	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
2/11/2019	John Hipskind Visalia, CA 93291	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Vituity Physician	\$83.34	\$250.02	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/11/2019	John Hipskind Visalia, CA 93291	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Vituity Physician	\$83.34	\$250.02	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2019</u> through <u>03/31/2019</u>		CALIFORNIA FORM 460
Page <u>59</u> of <u>165</u>		
NAME OF FILER CALPAC - California Medical Association PAC		I.D. Number 742617

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
2/27/2019	James Hlavacek Salinas, CA 93908	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Natividad Medical Center Physician	\$150.00	\$216.00	
	INTERMEDIARY Santa Clara County Medical Association San Jose, CA 95128	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/12/2019	James Hlavacek Salinas, CA 93908	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Natividad Medical Center Physician	\$66.00	\$216.00	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2019</u> through <u>03/31/2019</u>		CALIFORNIA FORM 460
Page <u>60</u> of <u>165</u>		
NAME OF FILER CALPAC - California Medical Association PAC		I.D. Number 742617

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/15/2019	Jennifer Hone Santa Barbara, CA 93110	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Jennifer Hone, MD Physician	\$66.00	\$216.00	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
2/27/2019	Jennifer Hone Santa Barbara, CA 93110	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Jennifer Hone, MD Physician	\$150.00	\$216.00	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
1/16/2019	Nathaniel Howard Oroville, CA 95966	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Oroville Medical Center Physician	\$83.34	\$566.04	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2019	
through	03/31/2019	Page 61 of 165

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CALPAC - California Medical Association PAC

I.D. Number
742617

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
1/16/2019	Nathaniel Howard Oroville, CA 95966	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Oroville Medical Center Physician	\$83.34	\$566.04	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
2/11/2019	Nathaniel Howard Oroville, CA 95966	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Oroville Medical Center Physician	\$83.34	\$566.04	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2019</u>		CALIFORNIA FORM 460
through <u>03/31/2019</u>		
		Page <u>62</u> of <u>165</u>
NAME OF FILER CALPAC - California Medical Association PAC		I.D. Number 742617

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/11/2019	Nathaniel Howard Oroville, CA 95966	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Oroville Medical Center Physician	\$83.34	\$566.04	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
2/12/2019	Nathaniel Howard Oroville, CA 95966	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Oroville Medical Center Physician	\$66.00	\$566.04	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/11/2019	Nathaniel Howard Oroville, CA 95966	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Oroville Medical Center Physician	\$83.34	\$566.04	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2019</u>		CALIFORNIA FORM 460
through <u>03/31/2019</u>		
		Page <u>63</u> of <u>165</u>
NAME OF FILER CALPAC - California Medical Association PAC		I.D. Number 742617

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/11/2019	Nathaniel Howard Oroville, CA 95966	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Oroville Medical Center Physician	\$83.34	\$566.04	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
1/31/2019	Thomas Hryniewicki Orange, CA 92866	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Thomas Hryniewicki, MD Physician	\$150.00	\$150.00	
	INTERMEDIARY Orange County Medical Association Newport Beach, CA 92660	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL						

*Contributor Codes
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2019	
through	03/31/2019	Page 64 of 165
NAME OF FILER CALPAC - California Medical Association PAC		I.D. Number 742617

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/15/2019	Michael Ingegno San Leandro, CA 94578	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Gen Vascular Surgical Medical Group Physician	\$62.00	\$212.00	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
1/31/2019	Michael Ingegno San Leandro, CA 94578	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Gen Vascular Surgical Medical Group Physician	\$150.00	\$212.00	
	INTERMEDIARY Alameda Contra-Costa Medical Association Oakland, CA 94618	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
1/16/2019	Jay Joseph Ukiah, CA 95482	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	St. Joseph Health Medical Group Physician	\$208.34	\$416.68	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2019	
through	03/31/2019	Page 65 of 165
NAME OF FILER CALPAC - California Medical Association PAC		I.D. Number 742617

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/11/2019	Jay Joseph Ukiah, CA 95482	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	St. Joseph Health Medical Group Physician	\$208.34	\$416.68	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
1/15/2019	Margaret Juarez Arcadia, CA 91007	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Gabriel Women's Health Physician	\$5.50	\$266.52	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2019	
through	03/31/2019	Page 66 of 165
NAME OF FILER CALPAC - California Medical Association PAC		I.D. Number 742617

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/16/2019	Margaret Juarez Arcadia, CA 91007	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Gabriel Women's Health Physician	\$83.34	\$266.52	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
2/11/2019	Margaret Juarez Arcadia, CA 91007	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Gabriel Women's Health Physician	\$83.34	\$266.52	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
2/19/2019	Margaret Juarez Arcadia, CA 91007	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Gabriel Women's Health Physician	\$5.50	\$266.52	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2019	
through	03/31/2019	Page 67 of 165

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER CALPAC - California Medical Association PAC	I.D. Number 742617
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/11/2019	Margaret Juarez Arcadia, CA 91007	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Gabriel Women's Health Physician	\$83.34	\$266.52	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/20/2019	Margaret Juarez Arcadia, CA 91007	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Gabriel Women's Health Physician	\$5.50	\$266.52	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 01/01/2019		
through 03/31/2019		Page 68 of 165
		I.D. Number 742617

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CALPAC - California Medical Association PAC

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/15/2019	Ray Kamali Chula Vista, CA 91911	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lifetime Women's Healthcare Physician	\$59.00	\$209.00	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
1/31/2019	Ray Kamali Chula Vista, CA 91911	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lifetime Women's Healthcare Physician	\$150.00	\$209.00	
	INTERMEDIARY San Diego County Medical Society San Diego, CA 92123	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
2/27/2019	Brent Kane Clovis, CA 93611	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	California Cancer Center Physician	\$300.00	\$366.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2019	
through	03/31/2019	Page 69 of 165

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CALPAC - California Medical Association PAC

I.D. Number

742617

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	INTERMEDIARY Fresno-Madera Medical Society Fresno, CA 93720	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/12/2019	Brent Kane Clovis, CA 93611	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	California Cancer Center Physician	\$66.00	\$366.00	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
1/31/2019	Jeremy Kaslow Santa Ana, CA 92705	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Jeremy Kaslow, MD Physician	\$100.00	\$100.00	
	INTERMEDIARY Orange County Medical Association Newport Beach, CA 92660	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL						

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SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2019</u> through <u>03/31/2019</u>		CALIFORNIA FORM 460
Page <u>70</u> of <u>165</u>		
NAME OF FILER CALPAC - California Medical Association PAC		I.D. Number 742617

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/15/2019	Susan Kaweski La Mesa, CA 91941	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Aesthetic Arts Institute of Plastic Surgery Physician	\$4.95	\$223.19	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
1/15/2019	Susan Kaweski La Mesa, CA 91941	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Aesthetic Arts Institute of Plastic Surgery Physician	\$4.95	\$223.19	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
1/31/2019	Susan Kaweski La Mesa, CA 91941	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Aesthetic Arts Institute of Plastic Surgery Physician	\$208.34	\$223.19	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2019	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CALPAC - California Medical Association PAC

I.D. Number
742617

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	INTERMEDIARY San Diego County Medical Society San Diego, CA 92123	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/6/2019	Susan Kaweski La Mesa, CA 91941	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Aesthetic Arts Institute of Plastic Surgery Physician	\$4.95	\$223.19	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
1/15/2019	Choll Kim San Diego, CA 92120	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Spine Institute of San Diego Physician	\$66.00	\$366.00	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2019</u> through <u>03/31/2019</u>		CALIFORNIA FORM 460
Page <u>72</u> of <u>165</u>		
NAME OF FILER CALPAC - California Medical Association PAC		I.D. Number 742617

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Choll Kim San Diego, CA 92120	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Spine Institute of San Diego Physician	\$300.00	\$366.00	
	INTERMEDIARY San Diego County Medical Society San Diego, CA 92123	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
1/16/2019	Jeffrey Klingman Orinda, CA 94563-3542	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	The Permanente Med Grp Physician	\$41.67	\$125.01	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
2/11/2019	Jeffrey Klingman Orinda, CA 94563-3542	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	The Permanente Med Grp Physician	\$41.67	\$125.01	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CALPAC - California Medical Association PAC

I.D. Number
742617

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/11/2019	Jeffrey Klingman Orinda, CA 94563-3542	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	The Permanente Med Grp Physician	\$41.67	\$125.01	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/12/2019	Wei-Fang Ko Castro Valley, CA 94546	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Gastro Specialists Medical Group Physician	\$56.00	\$168.00	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2019	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER CALPAC - California Medical Association PAC	I.D. Number 742617
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/12/2019	Wei-Fang Ko Castro Valley, CA 94546	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Gastro Specialists Medical Group Physician	\$56.00	\$168.00	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/12/2019	Wei-Fang Ko Castro Valley, CA 94546	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Gastro Specialists Medical Group Physician	\$56.00	\$168.00	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
2/27/2019	Garry Kolb Morro Bay, CA 93442	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Garry Kolb, MD Physician	\$150.00	\$150.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2019	
through	03/31/2019	Page 75 of 165

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CALPAC - California Medical Association PAC

I.D. Number
742617

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
1/16/2019	Thelma Korpman Grand Terrace, CA 92313	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	So. California Permanente Medical Group Physician	\$83.34	\$250.02	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
2/11/2019	Thelma Korpman Grand Terrace, CA 92313	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	So. California Permanente Medical Group Physician	\$83.34	\$250.02	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2019</u> through <u>03/31/2019</u>		CALIFORNIA FORM 460
Page <u>76</u> of <u>165</u>		
NAME OF FILER CALPAC - California Medical Association PAC		I.D. Number 742617

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/11/2019	Thelma Korpman Grand Terrace, CA 92313	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	So. California Permanente Medical Group Physician	\$83.34	\$250.02	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
2/27/2019	Susan Kubica Monterey, CA 93940	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Susan Kubica, MD Physician	\$150.00	\$150.00	
	INTERMEDIARY Santa Clara County Medical Association San Jose, CA 95128	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
2/27/2019	Mark Labowe Los Angeles, CA 90025-1053	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Mark Labowe, M.D. Inc. Physician	\$300.00	\$300.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2019</u>		CALIFORNIA FORM 460
through <u>03/31/2019</u>		
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NAME OF FILER CALPAC - California Medical Association PAC		I.D. Number 742617

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
1/15/2019	Alexander Latteri Long Beach, CA 90807	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Alexander T Latteri MD Physician	\$66.00	\$216.00	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
2/27/2019	Alexander Latteri Long Beach, CA 90807	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Alexander T Latteri MD Physician	\$150.00	\$216.00	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2019	
through	03/31/2019	Page 78 of 165
NAME OF FILER CALPAC - California Medical Association PAC		I.D. Number 742617

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/15/2019	Ami Laws Palo Alto, CA 94304	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Ami Laws, MD Physician	\$66.00	\$366.00	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
2/27/2019	Ami Laws Palo Alto, CA 94304	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Ami Laws, MD Physician	\$150.00	\$366.00	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
2/27/2019	Ami Laws Palo Alto, CA 94304	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Ami Laws, MD Physician	\$150.00	\$366.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2019	
through	03/31/2019	Page 79 of 165

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CALPAC - California Medical Association PAC

I.D. Number

742617

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
1/15/2019	Christina Lee Palo Alto, CA 94301	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Palo Alto Medical Foundation Physician	\$66.00	\$132.00	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
1/15/2019	Christina Lee Palo Alto, CA 94301	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Palo Alto Medical Foundation Physician	\$66.00	\$132.00	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 01/01/2019		
through 03/31/2019		Page 80 of 165
NAME OF FILER CALPAC - California Medical Association PAC		I.D. Number 742617

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/27/2019	Susan Lessin Foster City, CA 94404	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	No. Calif Hematology/Oncology Consulting Physician	\$150.00	\$150.00	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
1/30/2019	Michael Levine Visalia, CA 93291	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Michael J. Levine, MD Physician	\$66.00	\$216.00	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
1/31/2019	Michael Levine Visalia, CA 93291	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Michael J. Levine, MD Physician	\$150.00	\$216.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2019	
through	03/31/2019	Page 81 of 165

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CALPAC - California Medical Association PAC

I.D. Number
742617

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	INTERMEDIARY Tulare County Medical Society, Inc. Visalia, CA 93277	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
1/16/2019	Edward Littlejohn Los Gatos, CA 95032	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OrthoNorcal, Inc. Physician	\$25.00	\$141.00	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
2/11/2019	Edward Littlejohn Los Gatos, CA 95032	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OrthoNorcal, Inc. Physician	\$25.00	\$141.00	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2019</u> through <u>03/31/2019</u>		CALIFORNIA FORM 460
Page <u>82</u> of <u>165</u>		
NAME OF FILER CALPAC - California Medical Association PAC		I.D. Number 742617

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/6/2019	Edward Littlejohn Los Gatos, CA 95032	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OrthoNorcal, Inc. Physician	\$66.00	\$141.00	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/11/2019	Edward Littlejohn Los Gatos, CA 95032	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OrthoNorcal, Inc. Physician	\$25.00	\$141.00	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/12/2019	Lilia Lizano Hercules, CA 94547	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Women's Group for Health Physician	\$56.00	\$168.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2019	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CALPAC - California Medical Association PAC

I.D. Number

742617

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/12/2019	Lilia Lizano Hercules, CA 94547	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Women's Group for Health Physician	\$56.00	\$168.00	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/12/2019	Lilia Lizano Hercules, CA 94547	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Women's Group for Health Physician	\$56.00	\$168.00	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2019	
through	03/31/2019	Page 84 of 165
NAME OF FILER CALPAC - California Medical Association PAC		I.D. Number 742617

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/15/2019	Christine Loffler-Barry Napa, CA 94559	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Harvest Pediatrics Physician	\$62.00	\$212.00	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
1/31/2019	Christine Loffler-Barry Napa, CA 94559	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Harvest Pediatrics Physician	\$150.00	\$212.00	
	INTERMEDIARY Napa County Medical Society Napa, CA 94558	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
1/30/2019	Atashi Mandal Huntington Beach, CA 92649	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Atashi Mandal, MD Physician	\$62.00	\$362.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2019	
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NAME OF FILER CALPAC - California Medical Association PAC		I.D. Number 742617

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
1/31/2019	Atashi Mandal Huntington Beach, CA 92649	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Atashi Mandal, MD Physician	\$300.00	\$362.00	
	INTERMEDIARY Orange County Medical Association Newport Beach, CA 92660	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
2/27/2019	Jerry Manoukian Mountain View, CA 94040	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Jerry Manoukian, MD Physician	\$150.00	\$150.00	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2019</u>		CALIFORNIA FORM 460
through <u>03/31/2019</u>		
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NAME OF FILER

CALPAC - California Medical Association PAC

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/15/2019	Ramin Manshadi Stockton, CA 95204	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Joaquin Cardiology Medical Grp, Inc. Physician	\$5.50	\$641.52	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
1/16/2019	Ramin Manshadi Stockton, CA 95204	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Joaquin Cardiology Medical Grp, Inc. Physician	\$208.34	\$641.52	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
2/11/2019	Ramin Manshadi Stockton, CA 95204	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Joaquin Cardiology Medical Grp, Inc. Physician	\$208.34	\$641.52	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2019	
through	03/31/2019	Page 87 of 165
NAME OF FILER CALPAC - California Medical Association PAC		I.D. Number 742617

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
2/19/2019	Ramin Manshadi Stockton, CA 95204	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Joaquin Cardiology Medical Grp, Inc. Physician	\$5.50	\$641.52	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/11/2019	Ramin Manshadi Stockton, CA 95204	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Joaquin Cardiology Medical Grp, Inc. Physician	\$208.34	\$641.52	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2019</u> through <u>03/31/2019</u>		CALIFORNIA FORM 460
Page <u>88</u> of <u>165</u>		
NAME OF FILER CALPAC - California Medical Association PAC		I.D. Number 742617

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/20/2019	Ramin Manshadi Stockton, CA 95204	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Joaquin Cardiology Medical Grp, Inc. Physician	\$5.50	\$641.52	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
1/31/2019	Kent Marangi Mission Viejo, CA 92691-6350	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Community Orthopedic Medical Group Physician	\$300.00	\$300.00	
	INTERMEDIARY Orange County Medical Association Newport Beach, CA 92660	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
2/27/2019	Ronald Marconi Visalia, CA 93277	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Ronald Marconi, MD Physician	\$150.00	\$150.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2019</u> through <u>03/31/2019</u>		CALIFORNIA FORM 460
Page <u>89</u> of <u>165</u>		
NAME OF FILER CALPAC - California Medical Association PAC		I.D. Number 742617

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	INTERMEDIARY Tulare County Medical Society, Inc. Visalia, CA 93277	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/12/2019	Joseph Marzouk Oakland, CA 94611	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Joseph Marzouk, MD Physician	\$59.00	\$118.00	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/12/2019	Joseph Marzouk Oakland, CA 94611	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Joseph Marzouk, MD Physician	\$59.00	\$118.00	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 01/01/2019		
through 03/31/2019		Page 90 of 165
		I.D. Number 742617

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CALPAC - California Medical Association PAC

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/15/2019	Mathias Masem Oakland, CA 94612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Bay Area Hand Surgery Associates Physician	\$62.00	\$362.00	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
1/31/2019	Mathias Masem Oakland, CA 94612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Bay Area Hand Surgery Associates Physician	\$300.00	\$362.00	
	INTERMEDIARY Alameda Contra-Costa Medical Association Oakland, CA 94618	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
1/30/2019	Mark Matthews Sacramento, CA 95814	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Porterville Developmental Center Physician	\$66.00	\$216.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2019	
through	03/31/2019	Page 91 of 165

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CALPAC - California Medical Association PAC

I.D. Number
742617

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
1/31/2019	Mark Matthews Sacramento, CA 95814	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Porterville Developmental Center Physician	\$150.00	\$216.00	
	INTERMEDIARY Tulare County Medical Society, Inc. Visalia, CA 93277	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
1/15/2019	Theodore Mazer San Diego, CA 92120	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Ted Mazer, MD Physician	\$59.00	\$684.02	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2019</u> through <u>03/31/2019</u>		CALIFORNIA FORM 460
Page <u>92</u> of <u>165</u>		
NAME OF FILER CALPAC - California Medical Association PAC		I.D. Number 742617

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/16/2019	Theodore Mazer San Diego, CA 92120	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Ted Mazer, MD Physician	\$208.34	\$684.02	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
2/11/2019	Theodore Mazer San Diego, CA 92120	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Ted Mazer, MD Physician	\$208.34	\$684.02	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/11/2019	Theodore Mazer San Diego, CA 92120	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Ted Mazer, MD Physician	\$208.34	\$684.02	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2019	
through	03/31/2019	Page 93 of 165

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CALPAC - California Medical Association PAC

I.D. Number
742617

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
1/30/2019	Michael McCormick Auburn, CA 95602	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Michael McCormick, MD Physician	\$66.00	\$366.00	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
1/31/2019	Michael McCormick Auburn, CA 95602	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Michael McCormick, MD Physician	\$300.00	\$366.00	
	INTERMEDIARY Alpine Allergy & Asthma Associates, Inc. Grass Valley, CA 95945	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from 01/01/2019 through 03/31/2019		CALIFORNIA FORM 460 Page 94 of 165
I.D. Number 742617		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CALPAC - California Medical Association PAC

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/16/2019	Kelly McCue Davis, CA 95616	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	The Permanente Medical Group Physician	\$83.34	\$250.02	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
2/11/2019	Kelly McCue Davis, CA 95616	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	The Permanente Medical Group Physician	\$83.34	\$250.02	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/11/2019	Kelly McCue Davis, CA 95616	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	The Permanente Medical Group Physician	\$83.34	\$250.02	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2019</u> through <u>03/31/2019</u>		CALIFORNIA FORM 460
Page <u>95</u> of <u>165</u>		
NAME OF FILER CALPAC - California Medical Association PAC		I.D. Number 742617

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
1/15/2019	Samuel Miles Los Angeles, CA 90048	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Samuel I. Miles, M.D. Physician	\$5.50	\$166.50	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
2/19/2019	Samuel Miles Los Angeles, CA 90048	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Samuel I. Miles, M.D. Physician	\$5.50	\$166.50	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2019</u> through <u>03/31/2019</u>		CALIFORNIA FORM 460
Page <u>96</u> of <u>165</u>		
NAME OF FILER CALPAC - California Medical Association PAC		I.D. Number 742617

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/15/2019	Samuel Miles Los Angeles, CA 90048	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Samuel I. Miles, M.D. Physician	\$150.00	\$166.50	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/20/2019	Samuel Miles Los Angeles, CA 90048	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Samuel I. Miles, M.D. Physician	\$5.50	\$166.50	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
1/31/2019	Mark Miller Anaheim, CA 92801	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Mark Miller, MD, INC Physician	\$150.00	\$216.00	
SUBTOTAL						

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2019</u> through <u>03/31/2019</u>		CALIFORNIA FORM 460
Page <u>97</u> of <u>165</u>		
NAME OF FILER CALPAC - California Medical Association PAC		I.D. Number 742617

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	INTERMEDIARY Orange County Medical Association Newport Beach, CA 92660	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/6/2019	Mark Miller Anaheim, CA 92801	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Mark Miller, MD, INC Physician	\$66.00	\$216.00	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/12/2019	Anuruddh Misra San Francisco, CA 94127	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Premise Health Physician	\$56.00	\$168.00	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL						

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2019</u>		CALIFORNIA FORM 460
through <u>03/31/2019</u>		
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NAME OF FILER CALPAC - California Medical Association PAC		I.D. Number 742617

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/12/2019	Anuruddh Misra San Francisco, CA 94127	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Premise Health Physician	\$56.00	\$168.00	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/12/2019	Anuruddh Misra San Francisco, CA 94127	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Premise Health Physician	\$56.00	\$168.00	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
1/15/2019	Priti Modi Modesto, CA 95350	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Priti Modi, MD Physician	\$66.00	\$216.00	
SUBTOTAL						

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2019	
through	03/31/2019	Page 99 of 165

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER CALPAC - California Medical Association PAC	I.D. Number 742617
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
2/27/2019	Priti Modi Modesto, CA 95350	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Priti Modi, MD Physician	\$150.00	\$216.00	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
1/15/2019	Victoria Morgese Napa, CA 94559	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Napa Valley Pediatrics Physician	\$62.00	\$212.00	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2019	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER CALPAC - California Medical Association PAC	I.D. Number 742617
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Victoria Morgese Napa, CA 94559	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Napa Valley Pediatrics Physician	\$150.00	\$212.00	
	INTERMEDIARY Napa County Medical Society Napa, CA 94558	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
1/15/2019	Timothy Murphy Fallbrook, CA 92028	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Timothy Murphy, MD Physician	\$59.00	\$134.00	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
1/16/2019	Timothy Murphy Fallbrook, CA 92028	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Timothy Murphy, MD Physician	\$25.00	\$134.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2019	
through	03/31/2019	Page 101 of 165

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CALPAC - California Medical Association PAC

I.D. Number
742617

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
2/11/2019	Timothy Murphy Fallbrook, CA 92028	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Timothy Murphy, MD Physician	\$25.00	\$134.00	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/11/2019	Timothy Murphy Fallbrook, CA 92028	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Timothy Murphy, MD Physician	\$25.00	\$134.00	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 01/01/2019 through 03/31/2019	CALIFORNIA FORM 460
	Page 102 of 165

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER CALPAC - California Medical Association PAC	I.D. Number 742617
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/15/2019	Chang Na Bakersfield, CA 93309-2150	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kaiser Permanente Medical Care Program Physician	\$150.00	\$150.00	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
1/31/2019	John Nachazel Pacific Palisades, CA 90272-2233	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	John Nachazel, MD Physician	\$100.00	\$100.00	
1/15/2019	Vimal Nanavati Bonita, CA 91902	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Critical Care Cardiology Physician	\$5.50	\$172.18	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2019</u>		CALIFORNIA FORM 460
through <u>03/31/2019</u>		
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NAME OF FILER CALPAC - California Medical Association PAC		I.D. Number 742617

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/16/2019	Vimal Nanavati Bonita, CA 91902	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Critical Care Cardiology Physician	\$83.34	\$172.18	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/11/2019	Vimal Nanavati Bonita, CA 91902	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Critical Care Cardiology Physician	\$83.34	\$172.18	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
1/31/2019	Mark Nelson La Jolla, CA 92037	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Mark C. Nelson, M.D., Inc. Physician	\$150.00	\$216.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2019	
through	03/31/2019	Page 104 of 165

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CALPAC - California Medical Association PAC

I.D. Number
742617

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	INTERMEDIARY San Diego County Medical Society San Diego, CA 92123	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/6/2019	Mark Nelson La Jolla, CA 92037	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Mark C. Nelson, M.D., Inc. Physician	\$66.00	\$216.00	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
1/16/2019	Minh Nguyen Irvine, CA 92614	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	US Healthworks Physician	\$41.67	\$184.01	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2019</u> through <u>03/31/2019</u>		CALIFORNIA FORM 460
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NAME OF FILER CALPAC - California Medical Association PAC		I.D. Number 742617

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/11/2019	Minh Nguyen Irvine, CA 92614	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	US Healthworks Physician	\$41.67	\$184.01	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/11/2019	Minh Nguyen Irvine, CA 92614	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	US Healthworks Physician	\$41.67	\$184.01	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/12/2019	Minh Nguyen Irvine, CA 92614	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	US Healthworks Physician	\$59.00	\$184.01	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2019	
through	03/31/2019	Page 106 of 165

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER CALPAC - California Medical Association PAC	I.D. Number 742617
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
1/15/2019	Susan Nguyen Greenbrae, CA 94904	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Susan Nguyen, MD Physician	\$62.00	\$362.00	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
2/27/2019	Susan Nguyen Greenbrae, CA 94904	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Susan Nguyen, MD Physician	\$300.00	\$362.00	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2019	
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NAME OF FILER CALPAC - California Medical Association PAC		I.D. Number 742617

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Midori Nishio Walnut Creek, CA 94597	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Midori Nishio, MD Physician	\$150.00	\$216.00	
	INTERMEDIARY Alameda Contra-Costa Medical Association Oakland, CA 94618	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
2/12/2019	Midori Nishio Walnut Creek, CA 94597	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Midori Nishio, MD Physician	\$66.00	\$216.00	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
1/16/2019	Donna Odryna Santa Cruz, CA 95065	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Santa Cruz County Medical Society Executive Director	\$41.67	\$125.01	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2019	
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NAME OF FILER

CALPAC - California Medical Association PAC

I.D. Number
742617

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
2/11/2019	Donna Odryna Santa Cruz, CA 95065	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Santa Cruz County Medical Society Executive Director	\$41.67	\$125.01	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/11/2019	Donna Odryna Santa Cruz, CA 95065	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Santa Cruz County Medical Society Executive Director	\$41.67	\$125.01	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2019	
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NAME OF FILER CALPAC - California Medical Association PAC		I.D. Number 742617

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/12/2019	Richard Oken Berkeley, CA 94705	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	East Bay Pedi Medical Group Physician	\$59.00	\$118.00	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/12/2019	Richard Oken Berkeley, CA 94705	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	East Bay Pedi Medical Group Physician	\$59.00	\$118.00	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/25/2019	Anilkumar Patel Visalia, CA 93277	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Anilkumar Patel, MD Physician	\$100.00	\$166.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	INTERMEDIARY Tulare County Medical Society, Inc. Visalia, CA 93277	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/27/2019	Anilkumar Patel Visalia, CA 93277	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Anilkumar Patel, MD Physician	\$66.00	\$166.00	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
1/15/2019	Lamont Paxton San Leandro, CA 94578	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Gen Vascular Surgical Medical Group Physician	\$62.00	\$212.00	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2019</u>		CALIFORNIA FORM 460
through <u>03/31/2019</u>		
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NAME OF FILER CALPAC - California Medical Association PAC		I.D. Number 742617

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1/31/2019	Lamont Paxton San Leandro, CA 94578	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Gen Vascular Surgical Medical Group Physician	\$150.00	\$212.00	
	INTERMEDIARY Alameda Contra-Costa Medical Association Oakland, CA 94618	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
1/16/2019	George Paz Vacaville, CA 95688	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kaiser Permanente Vacaville Physician	\$85.00	\$255.00	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
2/11/2019	George Paz Vacaville, CA 95688	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kaiser Permanente Vacaville Physician	\$85.00	\$255.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2019	
through	03/31/2019	Page 112 of 165

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CALPAC - California Medical Association PAC

I.D. Number
742617

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/11/2019	George Paz Vacaville, CA 95688	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kaiser Permanente Vacaville Physician	\$85.00	\$255.00	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
1/15/2019	Elizabeth Peralta Santa Rosa, CA 95403	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sutter Medical Group of the Redwoods Physician	\$62.00	\$212.00	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2019</u> through <u>03/31/2019</u>		CALIFORNIA FORM 460
Page <u>113</u> of <u>165</u>		
NAME OF FILER CALPAC - California Medical Association PAC		I.D. Number 742617

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/27/2019	Elizabeth Peralta Santa Rosa, CA 95403	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sutter Medical Group of the Redwoods Physician	\$150.00	\$212.00	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
1/16/2019	Katrina Peters Oakland, CA 94610	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Katrina Peters, MD Physician	\$83.34	\$316.02	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
2/11/2019	Katrina Peters Oakland, CA 94610	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Katrina Peters, MD Physician	\$83.34	\$316.02	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2019</u> through <u>03/31/2019</u>		CALIFORNIA FORM 460
Page <u>114</u> of <u>165</u>		
NAME OF FILER CALPAC - California Medical Association PAC		I.D. Number 742617

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
2/12/2019	Katrina Peters Oakland, CA 94610	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Katrina Peters, MD Physician	\$66.00	\$316.02	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/11/2019	Katrina Peters Oakland, CA 94610	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Katrina Peters, MD Physician	\$83.34	\$316.02	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2019</u> through <u>03/31/2019</u>		CALIFORNIA FORM 460
Page <u>115</u> of <u>165</u>		
NAME OF FILER CALPAC - California Medical Association PAC		I.D. Number 742617

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/16/2019	Jeffrey Poage Walnut Creek, CA 94596	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Medical Anesthesia Consultants Physician	\$83.34	\$250.02	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
2/11/2019	Jeffrey Poage Walnut Creek, CA 94596	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Medical Anesthesia Consultants Physician	\$83.34	\$250.02	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/11/2019	Jeffrey Poage Walnut Creek, CA 94596	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Medical Anesthesia Consultants Physician	\$83.34	\$250.02	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2019	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CALPAC - California Medical Association PAC

I.D. Number
742617

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
1/15/2019	Gordon Preston Corte Madera, CA 94925	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Gordon Preston, MD Physician	\$62.00	\$212.00	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
2/27/2019	Gordon Preston Corte Madera, CA 94925	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Gordon Preston, MD Physician	\$150.00	\$212.00	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2019	
through	03/31/2019	Page 117 of 165

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CALPAC - California Medical Association PAC

I.D. Number

742617

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/16/2019	Eileen Quintela Del Mar, CA 92014	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Southern California Permanente Medical Group Physician	\$41.67	\$184.01	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
2/11/2019	Eileen Quintela Del Mar, CA 92014	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Southern California Permanente Medical Group Physician	\$41.67	\$184.01	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/6/2019	Eileen Quintela Del Mar, CA 92014	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Southern California Permanente Medical Group Physician	\$59.00	\$184.01	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2019	
through	03/31/2019	Page 118 of 165

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CALPAC - California Medical Association PAC

I.D. Number
742617

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/11/2019	Eileen Quintela Del Mar, CA 92014	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Southern California Permanente Medical Group Physician	\$41.67	\$184.01	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
1/15/2019	Sharadha Raghavan San Jose, CA 95128	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sharadha Raghavan, MD Physician	\$66.00	\$216.00	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2019</u> through <u>03/31/2019</u>		CALIFORNIA FORM 460 Page <u>119</u> of <u>165</u> I.D. Number 742617
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CALPAC - California Medical Association PAC

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/27/2019	Sharadha Raghavan San Jose, CA 95128	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sharadha Raghavan, MD Physician	\$150.00	\$216.00	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
1/16/2019	Damodara Rajasekhar Apple Valley, CA 92307	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	St. Mary Choice Medical Group Physician	\$83.34	\$309.02	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
2/5/2019	Damodara Rajasekhar Apple Valley, CA 92307	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	St. Mary Choice Medical Group Physician	\$59.00	\$309.02	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2019	
through	03/31/2019	Page 120 of 165
NAME OF FILER CALPAC - California Medical Association PAC		I.D. Number 742617

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
2/11/2019	Damodara Rajasekhar Apple Valley, CA 92307	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	St. Mary Choice Medical Group Physician	\$83.34	\$309.02	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/11/2019	Damodara Rajasekhar Apple Valley, CA 92307	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	St. Mary Choice Medical Group Physician	\$83.34	\$309.02	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from 01/01/2019 through 03/31/2019		CALIFORNIA FORM 460 Page 121 of 165
I.D. Number 742617		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
CALPAC - California Medical Association PAC

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/25/2019	Sudhir Reddy Upland, CA 91786-4980	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sudhir K. Reddy MD Inc. Physician	\$150.00	\$150.00	
	INTERMEDIARY San Bernardino County Medical Society Redlands, CA 92373	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
2/27/2019	Vail Reese San Francisco, CA 94108	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Union Square Dermatology Physician	\$150.00	\$150.00	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
1/30/2019	Alice Reier Oakland, CA 94609	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Alice Reier, MD Physician	\$66.00	\$216.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2019	
through	03/31/2019	Page 122 of 165

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NAME OF FILER

CALPAC - California Medical Association PAC

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	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
1/31/2019	Alice Reier Oakland, CA 94609	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Alice Reier, MD Physician	\$150.00	\$216.00	
	INTERMEDIARY Alameda Contra-Costa Medical Association Oakland, CA 94618	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
1/16/2019	Dennis Rhyne Laguna Hills, CA 92653	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Dennis Rhyne, MD Physician	\$83.34	\$250.02	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2019</u> through <u>03/31/2019</u>		CALIFORNIA FORM 460
Page <u>123</u> of <u>165</u>		
NAME OF FILER CALPAC - California Medical Association PAC		I.D. Number 742617

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/11/2019	Dennis Rhyne Laguna Hills, CA 92653	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Dennis Rhyne, MD Physician	\$83.34	\$250.02	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/11/2019	Dennis Rhyne Laguna Hills, CA 92653	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Dennis Rhyne, MD Physician	\$83.34	\$250.02	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
1/31/2019	Samuel Rosenfeld Orange, CA 92868	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Adult & Pediatric Orthopaedic Specialists Physician	\$150.00	\$150.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2019</u> through <u>03/31/2019</u>		CALIFORNIA FORM 460
Page <u>124</u> of <u>165</u>		
NAME OF FILER CALPAC - California Medical Association PAC		I.D. Number 742617

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	INTERMEDIARY Orange County Medical Association Newport Beach, CA 92660	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
2/27/2019	Jasbir Saluja Indio, CA 92201	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Jasbir Saluja, M.D. Physician	\$150.00	\$150.00	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
1/16/2019	Alecia Sanchez Sacramento, CA 95814	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	California Medical Association Senior Vice President	\$41.67	\$125.01	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2019</u> through <u>03/31/2019</u>		CALIFORNIA FORM 460 Page <u>125</u> of <u>165</u> I.D. Number 742617
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
CALPAC - California Medical Association PAC

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/11/2019	Alecia Sanchez Sacramento, CA 95814	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	California Medical Association Senior Vice President	\$41.67	\$125.01	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/11/2019	Alecia Sanchez Sacramento, CA 95814	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	California Medical Association Senior Vice President	\$41.67	\$125.01	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
2/27/2019	James Schlund Chico, CA 95926	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	James F Schlund, MD Physician	\$1,000.00	\$1,000.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2019	
through	03/31/2019	Page 126 of 165

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CALPAC - California Medical Association PAC

I.D. Number
742617

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
1/16/2019	James Schultz Escondido, CA 92025	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Neighborhood HealthCare Physician	\$83.34	\$500.04	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
1/16/2019	James Schultz Escondido, CA 92025	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Neighborhood HealthCare Physician	\$83.34	\$500.04	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2019</u>		CALIFORNIA FORM 460
through <u>03/31/2019</u>		
		Page <u>127</u> of <u>165</u>
NAME OF FILER CALPAC - California Medical Association PAC		I.D. Number 742617

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/11/2019	James Schultz Escondido, CA 92025	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Neighborhood HealthCare Physician	\$83.34	\$500.04	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
2/11/2019	James Schultz Escondido, CA 92025	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Neighborhood HealthCare Physician	\$83.34	\$500.04	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/11/2019	James Schultz Escondido, CA 92025	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Neighborhood HealthCare Physician	\$83.34	\$500.04	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2019	
through	03/31/2019	Page 128 of 165
NAME OF FILER CALPAC - California Medical Association PAC		I.D. Number 742617

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/11/2019	James Schultz Escondido, CA 92025	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Neighborhood HealthCare Physician	\$83.34	\$500.04	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
2/27/2019	Michael Shepard Orange, CA 92868	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Orthopaedic Specialty Institute Physician	\$150.00	\$150.00	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2019</u> through <u>03/31/2019</u>		CALIFORNIA FORM 460
Page <u>129</u> of <u>165</u>		
NAME OF FILER CALPAC - California Medical Association PAC		I.D. Number 742617

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/16/2019	Francisco Silva Sacramento, CA 95814	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	California Medical Association Vice President & General Counsel	\$83.34	\$250.02	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
2/11/2019	Francisco Silva Sacramento, CA 95814	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	California Medical Association Vice President & General Counsel	\$83.34	\$250.02	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/11/2019	Francisco Silva Sacramento, CA 95814	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	California Medical Association Vice President & General Counsel	\$83.34	\$250.02	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2019	
through	03/31/2019	Page 130 of 165

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER CALPAC - California Medical Association PAC	I.D. Number 742617
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/12/2019	Jeffrey Singerman Castro Valley, CA 94546	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Gastro Specialists Medical Group Physician	\$56.00	\$168.00	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/12/2019	Jeffrey Singerman Castro Valley, CA 94546	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Gastro Specialists Medical Group Physician	\$56.00	\$168.00	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2019	
through	03/31/2019	Page 131 of 165

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CALPAC - California Medical Association PAC

I.D. Number

742617

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/12/2019	Jeffrey Singerman Castro Valley, CA 94546	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Gastro Specialists Medical Group Physician	\$56.00	\$168.00	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
1/31/2019	Stephen Skahen Newport Beach, CA 92663-3226	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Newport Harbor Anesthesia Consultants Physician	\$150.00	\$150.00	
	INTERMEDIARY Orange County Medical Association Newport Beach, CA 92660	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
1/16/2019	Lee Snook Sacramento, CA 95821-1620	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Metropolitan Pain Management Physician	\$208.34	\$691.02	

SUBTOTAL

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2019	
through	03/31/2019	Page 132 of 165
NAME OF FILER CALPAC - California Medical Association PAC		I.D. Number 742617

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
2/5/2019	Lee Snook Sacramento, CA 95821-1620	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Metropolitan Pain Management Physician	\$66.00	\$691.02	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
2/11/2019	Lee Snook Sacramento, CA 95821-1620	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Metropolitan Pain Management Physician	\$208.34	\$691.02	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2019</u>		CALIFORNIA FORM 460
through <u>03/31/2019</u>		
		Page <u>133</u> of <u>165</u>
NAME OF FILER CALPAC - California Medical Association PAC		I.D. Number 742617

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/11/2019	Lee Snook Sacramento, CA 95821-1620	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Metropolitan Pain Management Physician	\$208.34	\$691.02	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
2/27/2019	Dennis Song San Francisco, CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Song Oral Surgery & Dental Implants Physician	\$100.00	\$100.00	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/8/2019	Tanya Spirtos Redwood City, CA 94062	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Women'S Care Medical Group/Stanford Medicine Physician	\$2,500.00	\$2,500.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2019</u>		CALIFORNIA FORM 460
through <u>03/31/2019</u>		
		Page <u>134</u> of <u>165</u>
NAME OF FILER CALPAC - California Medical Association PAC		I.D. Number 742617

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
2/27/2019	Frank Staggars Oakland, CA 94605-4874	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Frank Staggars, MD Physician	\$150.00	\$150.00	
	INTERMEDIARY Alameda Contra-Costa Medical Association Oakland, CA 94618	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
1/16/2019	Mike Steenburgh Sacramento, CA 95814	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	California Medical Association VP, Membership, Communications & Component Relations	\$83.34	\$250.02	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2019</u> through <u>03/31/2019</u>		CALIFORNIA FORM 460
Page <u>135</u> of <u>165</u>		
NAME OF FILER CALPAC - California Medical Association PAC		I.D. Number 742617

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/11/2019	Mike Steenburgh Sacramento, CA 95814	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	California Medical Association VP, Membership, Communications & Component Relations	\$83.34	\$250.02	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/11/2019	Mike Steenburgh Sacramento, CA 95814	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	California Medical Association VP, Membership, Communications & Component Relations	\$83.34	\$250.02	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
1/16/2019	Thomas Sugarman Berkeley, CA 94707	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Vituity/Sutter Delta Medical Center Physician	\$41.67	\$125.01	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2019	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
2/11/2019	Thomas Sugarman Berkeley, CA 94707	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Vituity/Sutter Delta Medical Center Physician	\$41.67	\$125.01	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/11/2019	Thomas Sugarman Berkeley, CA 94707	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Vituity/Sutter Delta Medical Center Physician	\$41.67	\$125.01	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2019	
through	03/31/2019	Page 137 of 165
NAME OF FILER CALPAC - California Medical Association PAC		I.D. Number 742617

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Smita Tandon Fountain Valley, CA 92708	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Smita Tandon, MD Physician	\$300.00	\$300.00	
	INTERMEDIARY Orange County Medical Association Newport Beach, CA 92660	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
1/31/2019	Mark Tetz Visalia, CA 93291	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Visalia Family Practice Physician	\$300.00	\$600.00	
	INTERMEDIARY Tulare County Medical Society, Inc. Visalia, CA 93277	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
1/31/2019	Mark Tetz Visalia, CA 93291	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Visalia Family Practice Physician	\$300.00	\$600.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2019</u> through <u>03/31/2019</u>		CALIFORNIA FORM 460
Page <u>138</u> of <u>165</u>		
NAME OF FILER CALPAC - California Medical Association PAC		I.D. Number 742617

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	INTERMEDIARY Tulare County Medical Society, Inc. Visalia, CA 93277	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
1/15/2019	Charles Touton Fresno, CA 93701	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Charles Touton, MD Physician	\$66.00	\$216.00	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
2/27/2019	Charles Touton Fresno, CA 93701	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Charles Touton, MD Physician	\$150.00	\$216.00	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL						

*Contributor Codes
 IND - Individual
 COM - Recipient Committee
 (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2019</u>		CALIFORNIA FORM 460
through <u>03/31/2019</u>		
		Page <u>139</u> of <u>165</u>
NAME OF FILER CALPAC - California Medical Association PAC		I.D. Number 742617

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/30/2019	Rick Trautner Berkeley, CA 94704	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Bay Psychiatric Associates Physician	\$62.00	\$212.00	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
1/31/2019	Rick Trautner Berkeley, CA 94704	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Bay Psychiatric Associates Physician	\$150.00	\$212.00	
	INTERMEDIARY Alameda Contra-Costa Medical Association Oakland, CA 94618	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
2/27/2019	Ann Vercoutere Greenbrae, CA 94904	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Ann Vercoutere MD Physician	\$150.00	\$150.00	
SUBTOTAL						

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IND - Individual
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(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2019</u> through <u>03/31/2019</u>		CALIFORNIA FORM 460 Page <u>140</u> of <u>165</u> I.D. Number 742617

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CALPAC - California Medical Association PAC

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
2/27/2019	Wei Wan Oxnard, CA 93030	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Coastal Eye Specialists Physician	\$300.00	\$300.00	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
1/15/2019	Daniel Watrous Visalia, CA 93291	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Daniel Watrous, MD Physician	\$66.00	\$216.00	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL						

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 IND - Individual
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 (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2019</u> through <u>03/31/2019</u>		CALIFORNIA FORM 460 Page <u>141</u> of <u>165</u> I.D. Number 742617

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
CALPAC - California Medical Association PAC

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Daniel Watrous Visalia, CA 93291	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Daniel Watrous, MD Physician	\$150.00	\$216.00	
	INTERMEDIARY Tulare County Medical Society, Inc. Visalia, CA 93277	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
1/31/2019	William Winn Visalia, CA 93291	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	William Winn, MD Physician	\$175.00	\$175.00	
1/15/2019	Paul Yost Seal Beach, CA 90740	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Allied Anesthesia Medical Group Physician	\$59.00	\$1,059.00	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL						

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 IND - Individual
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 (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2019</u> through <u>03/31/2019</u>		CALIFORNIA FORM 460
Page <u>142</u> of <u>165</u>		
NAME OF FILER CALPAC - California Medical Association PAC		I.D. Number 742617

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/15/2019	Paul Yost Seal Beach, CA 90740	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Allied Anesthesia Medical Group Physician	\$1,000.00	\$1,059.00	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
2/27/2019	John Zauner Los Altos, CA 94024	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	John Zauner, MD Physician	\$150.00	\$150.00	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
1/15/2019	Joseph Zeiter Stockton, CA 95202	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Zeiter Eye Medical Group, Inc. Physician	\$66.00	\$132.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
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(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2019</u>		CALIFORNIA FORM 460
through <u>03/31/2019</u>		
		Page <u>143</u> of <u>165</u>
NAME OF FILER CALPAC - California Medical Association PAC		I.D. Number 742617

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
1/15/2019	Joseph Zeiter Stockton, CA 95202	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Zeiter Eye Medical Group, Inc. Physician	\$66.00	\$132.00	
	INTERMEDIARY California Medical Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL				\$40,861.78		

*Contributor Codes
 IND - Individual
 COM - Recipient Committee
 (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

Schedule B – Part 1 Loans Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 1

Statement covers period from 01/01/2019 through 03/31/2019	CALIFORNIA FORM 460
Page 144 of 165	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
CALPAC - California Medical Association PAC

I.D. NUMBER
742617

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		_____% RATE		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		_____% RATE		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		_____% RATE		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	

SUBTOTALS

Schedule B Summary

1. Loans received this period. _____
(Total Column (b) plus unitemized loans less than \$100.)
2. Loans paid or forgiven this period _____
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
3. Net change this period. (Subtract Line 2 from Line 1.) _____ **Net** _____
Enter the net here and on the Summary Page, Column A, Line 2. (may be a negative number)

(Enter (e) on
Schedule E, Line 3)

* Amounts forgiven or paid by
another party also must be
reported on Schedule A.

** If required.

*Contributor Codes

IND-Individual COM-Recipient Committee (other than PTY or SCC) OTH-Other PTY-Political Party SCC-Small Contributor Committee

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule B - Part 2

Loan Guarantors

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 2

Statement covers period from 01/01/2019 through 03/31/2019	CALIFORNIA FORM 460
	Page 145 of 165
I.D. Number 742617	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
CALPAC - California Medical Association PAC

FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER DATE		CALENDAR YEAR PER ELECTION (IF REQUIRED)	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER DATE		CALENDAR YEAR PER ELECTION (IF REQUIRED)	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER DATE		CALENDAR YEAR PER ELECTION (IF REQUIRED)	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER DATE		CALENDAR YEAR PER ELECTION (IF REQUIRED)	
SUBTOTAL					Enter on Summary Page, Line 17 only.	

Schedule C

Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period from <u>01/01/2019</u> through <u>03/31/2019</u>	CALIFORNIA FORM 460
Page <u>146</u> of <u>165</u>	I.D. Number 742617

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
CALPAC - California Medical Association PAC

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL

Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL**

*Contributor Codes
 IND - Individual
 COM- Recipient Committee
 (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

Schedule D

Summary of Expenditures

Supporting/Opposing Other

Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period		SCHEDULE D	
from	01/01/2019	CALIFORNIA FORM 460	
through	03/31/2019	Page 147 of 165	
NAME OF FILER CALPAC - California Medical Association PAC		I.D. NUMBER 742617	

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/18/2019	Californians Allied for Patient Protection PAC	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$7,800.00	\$7,800.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
1/25/2019	Payee Name: Susan Rubio for Senate 2018 Candidate Name: Susan Rubio State Senator District 22 Jurisdiction: Senate	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Debt Retirement	\$1,500.00	\$1,500.00	2018G: \$1,500.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
1/25/2019	Payee Name: Kevin McCarty for Assembly 2020 Candidate Name: Kevin McCarty State Assembly Person District 7 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$2,000.00	\$2,000.00	2020P: \$2,000.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL

Schedule D Summary

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) \$219,000.00
- Unitemized contributions and independent expenditures made this period of under \$100 \$0.00
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) **TOTAL** \$219,000.00

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 01/01/2019

through 03/31/2019

CALIFORNIA
FORM 460

Page 148 of 165

NAME OF FILER
CALPAC - California Medical Association PAC

I.D. NUMBER
742617

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/25/2019	Payee Name: Anna Caballero for Senate 2022 Candidate Name: Anna Caballero State Senator District 12 Jurisdiction: Senate	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		\$2,000.00	\$2,000.00	2022P: \$2,000.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
1/25/2019	Bay Area Legislative Leaders PAC	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$5,000.00	\$5,000.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
1/25/2019	California Republican Party	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$5,000.00	\$5,000.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/21/2019	Payee Name: Blanca Rubio for Assembly 2020 Candidate Name: Blanca Rubio State Assembly Person District 48 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$1,000.00	\$1,000.00	2020P: \$1,000.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL						

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 01/01/2019

through 03/31/2019

CALIFORNIA
FORM 460

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NAME OF FILER
 CALPAC - California Medical Association PAC

I.D. NUMBER
 742617

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/21/2019	Payee Name: Irwin for Assembly 2020 Candidate Name: Jacqui Irwin State Assembly Person District 44 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		\$1,500.00	\$1,500.00	2020P: \$1,500.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/21/2019	Payee Name: Ricardo Lara for Insurance Commissioner 2022 Candidate Name: Ricardo Lara Insurance Commissioner Jurisdiction: Statewide	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$1,500.00	\$1,500.00	2022P: \$1,500.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/21/2019	Payee Name: Rob Bonta for Assembly 2020 Candidate Name: Rob Bonta State Assembly Person District 18 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$2,000.00	\$2,000.00	2020P: \$2,000.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
3/5/2019	Payee Name: Borgeas for Senate 2022 Candidate Name: Andreas Borgeas State Senator District 8 Jurisdiction: Senate	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$1,500.00	\$1,500.00	2022P: \$1,500.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL						

**Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

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**CALIFORNIA
FORM 460**

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NAME OF FILER
CALPAC - California Medical Association PAC

I.D. NUMBER
742617

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/5/2019	LGBT Caucus Leadership Fund	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		\$15,000.00	\$15,000.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
3/5/2019	Payee Name: Robert Rivas for Assembly 2018 Candidate Name: Robert Rivas State Assembly Person District 30 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Debt Retirement	\$1,000.00	\$1,000.00	2018G: \$2,500.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
3/5/2019	Payee Name: Hurtado for Senate 2022 Candidate Name: Melissa Hurtado State Senator District 14 Jurisdiction: Senate	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$1,500.00	\$1,500.00	2022P: \$1,500.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
3/5/2019	Payee Name: Dr. Richard Pan Senate 2018 Officeholder Account Candidate Name: Richard Pan (O) State Senator District 6 Jurisdiction: Senate	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$1,500.00	\$1,500.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
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to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 01/01/2019

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FORM 460

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NAME OF FILER
CALPAC - California Medical Association PAC

I.D. NUMBER
742617

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/5/2019	Payee Name: Chad Mayes for Assembly 2020 Candidate Name: Chad Mayes State Assembly Person District 42 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		\$1,500.00	\$1,500.00	2020P: \$1,500.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
3/11/2019	Payee Name: Kevin Mullin for Assembly 2020 Candidate Name: Kevin Mullin State Assembly Person District 22 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$2,000.00	\$2,000.00	2020P: \$2,000.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
3/11/2019	Payee Name: Re-Elect James Ramos for Assembly 2020 Candidate Name: James Ramos State Assembly Person District 40 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$1,500.00	\$1,500.00	2020P: \$1,500.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
3/11/2019	Payee Name: Lackey for Assembly 2020 Candidate Name: Tom Lackey State Assembly Person District 36 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$1,500.00	\$1,500.00	2020P: \$1,500.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

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SCHEDULE D (CONT.)

Statement covers period

from 01/01/2019

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NAME OF FILER
 CALPAC - California Medical Association PAC

I.D. NUMBER
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3/11/2019	Payee Name: Lena Gonzalez for Senate 2019 Candidate Name: Lena Gonzalez State Senator District 33 Jurisdiction: Senate	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		\$4,700.00	\$4,700.00	2019S: \$4,700.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
3/26/2019	Payee Name: Christy Smith for Assembly 2020 Candidate Name: Christy Smith State Assembly Person District 38 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$1,500.00	\$1,500.00	2020P: \$1,500.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
3/26/2019	Payee Name: Jordan Cunningham for Assembly 2020 Candidate Name: Jordan Cunningham State Assembly Person District 35 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$1,500.00	\$1,500.00	2020P: \$1,500.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
3/26/2019	Payee Name: Diep for Assembly 2020 Candidate Name: Tyler Diep State Assembly Person District 72 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$1,500.00	\$1,500.00	2020P: \$1,500.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 01/01/2019		
through 03/31/2019		Page 153 of 165
NAME OF FILER CALPAC - California Medical Association PAC		I.D. NUMBER 742617

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/26/2019	Payee Name: Maienschein for Assembly 2020 Candidate Name: Brian Maienschein State Assembly Person District 77 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		\$1,500.00	\$1,500.00	2020P: \$1,500.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
3/26/2019	Payee Name: Cottie Petrie-Norris for Assembly 2020 Candidate Name: Cottie Petrie-Norris State Assembly Person District 74 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$2,000.00	\$2,000.00	2020P: \$2,000.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
3/26/2019	California Democratic Party	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$75,000.00	\$150,000.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
3/26/2019	California Democratic Party	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$75,000.00	\$150,000.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL				\$219,000.00		

Schedule E Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period from 01/01/2019 through 03/31/2019		CALIFORNIA FORM 460 Page 154 of 165
I.D. NUMBER 742617		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
CALPAC - California Medical Association PAC

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Olson, Hagel & Fishburn, LLP Sacramento, CA 95814	PRO			\$1,059.14
Californians Allied for Patient Protection PAC Sacramento, CA 95814	CTB			\$7,800.00
Committee ID: 920780 Susan Rubio for Senate 2018 Sacramento, CA 95814	CTB	Debt Retirement		\$1,500.00
Committee ID: 1392890				

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$224,315.16
2. Unitemized payments made this period of under \$100.	\$25.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$0.00
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$224,340.16

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
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SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 01/01/2019		
through 03/31/2019		Page 155 of 165
NAME OF FILER CALPAC - California Medical Association PAC		I.D. NUMBER 742617

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Kevin McCarty for Assembly 2020 Sacramento, CA 95814	CTB			\$2,000.00
Committee ID: 1414451 Anna Caballero for Senate 2022 Sacramento, CA 95814	CTB			\$2,000.00
Committee ID: 1414451 Bay Area Legislative Leaders PAC Oakland, CA 94612	CTB			\$5,000.00
Committee ID: 1377585 California Republican Party Sacramento, CA 95814	CTB			\$5,000.00
Committee ID: 810163 Olson, Hagel & Fishburn, LLP Sacramento, CA 95814	PRO			\$990.44

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
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through 03/31/2019		Page 156 of 165
NAME OF FILER CALPAC - California Medical Association PAC		I.D. NUMBER 742617

SEE INSTRUCTIONS ON REVERSE

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
California Medical Association Sacramento, CA 95814			Refund of Contribution	\$62.00
First Citizens Bank Sacramento, CA 95814	OFC			\$43.65
First Citizens Bank Sacramento, CA 95814	OFC			\$137.81
Blanca Rubio for Assembly 2020 Sacramento, CA 95814	CTB			\$1,000.00
Committee ID: 1414082 Irwin for Assembly 2020 Sacramento, CA 95814	CTB			\$1,500.00
Committee ID: 1414701				

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER CALPAC - California Medical Association PAC		I.D. NUMBER 742617

SEE INSTRUCTIONS ON REVERSE

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Ricardo Lara for Insurance Commissioner 2022 Sacramento, CA 95814	CTB			\$1,500.00
Committee ID: 1415175				
Rob Bonta for Assembly 2020 Sacramento, CA 95814	CTB			\$2,000.00
Committee ID: 1414291				
California Medical Association Sacramento, CA 95814			Refund of Contribution	\$62.00
Olson, Hagel & Fishburn, LLP Sacramento, CA 95814	PRO			\$2,524.00
Borgeas for Senate 2022 Fresno, CA 93710	CTB			\$1,500.00
Committee ID: 1414823				

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period from 01/01/2019 through 03/31/2019		CALIFORNIA FORM 460 Page 158 of 165
I.D. NUMBER 742617		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
CALPAC - California Medical Association PAC

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CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
LGBT Caucus Leadership Fund Sacramento, CA 95814	CTB			\$15,000.00
Committee ID: 1339123 Robert Rivas for Assembly 2018 Sacramento, CA 95814	CTB	Debt Retirement		\$1,000.00
Committee ID: 1399486 Hurtado for Senate 2022 Sacramento, CA 95814	CTB			\$1,500.00
Committee ID: 1414453 Dr. Richard Pan Senate 2018 Officeholder Account Sacramento, CA 95814	CTB			\$1,500.00
Committee ID: 1414230 Chad Mayes for Assembly 2020 Sacramento, CA 95814	CTB			\$1,500.00
Committee ID: 1414363				

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER CALPAC - California Medical Association PAC		I.D. NUMBER 742617

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CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Kevin Mullin for Assembly 2020 Sacramento, CA 95814	CTB			\$2,000.00
Committee ID: 1414186				
Re-Elect James Ramos for Assembly 2020 Sacramento, CA 95814	CTB			\$1,500.00
Committee ID: 1414557				
Lackey for Assembly 2020 Hilmar, CA 95324	CTB			\$1,500.00
Committee ID: 1414673				
Lena Gonzalez for Senate 2019 Sacramento, CA 95814	CTB			\$4,700.00
Committee ID: 1415216				
First Citizens Bank Sacramento, CA 95814	OFC			\$158.00

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER CALPAC - California Medical Association PAC		I.D. NUMBER 742617

SEE INSTRUCTIONS ON REVERSE

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Christy Smith for Assembly 2020 Sacramento, CA 95814	CTB			\$1,500.00
Committee ID: 1414296				
Jordan Cunningham for Assembly 2020 Sacramento, CA 95814	CTB			\$1,500.00
Committee ID: 1415312				
Diep for Assembly 2020 Santa Ana, CA 92705	CTB			\$1,500.00
Committee ID: 1414174				
Maienschein for Assembly 2020 Sacramento, CA 95814	CTB			\$1,500.00
Committee ID: 1414261				
Cottie Petrie-Norris for Assembly 2020 Sacramento, CA 95814	CTB			\$2,000.00
Committee ID: 1414368				

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period from 01/01/2019 through 03/31/2019		CALIFORNIA FORM 460 Page 161 of 165
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
CALPAC - California Medical Association PAC

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
California Democratic Party Sacramento, CA 95811	CTB			\$75,000.00
Committee ID: 741666 California Democratic Party Sacramento, CA 95811	CTB			\$75,000.00
Committee ID: 741666 California Medical Association Sacramento, CA 95814			Refund of Contribution	\$66.00
California Medical Association Sacramento, CA 95814			Refund of Contribution	\$46.50
First Citizens Bank Sacramento, CA 95814	OFC			\$165.62

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$224,315.16

Schedule F Accrued Expenses (Unpaid Bills)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE F

Statement covers period
from 01/01/2019
through 03/31/2019

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NAME OF FILER
CALPAC - California Medical Association PAC

I.D. NUMBER
742617

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTALS

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)..... **INCURRED TOTALS** _____
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)..... **PAID TOTALS** _____
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)..... **NET** _____
May be a negative number.

Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded to whole dollars.

Statement covers period
from 01/01/2019
through 03/31/2019

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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
CALPAC - California Medical Association PAC

I.D. NUMBER
742617

NAME OF AGENT OR INDEPENDENT CONTRACTOR

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- CMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LEG legal defense
LIT campaign literature and mailings
MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads
RAD radio airtime and production costs
RFD returned contributions
SAL campaign workers' salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Table with 4 columns: NAME AND ADDRESS OF PAYEE OR CREDITOR, CODE, OR, DESCRIPTION OF PAYMENT, AMOUNT PAID. The table contains multiple empty rows for data entry.

Attach additional information on appropriately labeled continuation sheets.

TOTAL*

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

Schedule H – Loans Made to Others*

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE H

Statement covers period from 01/01/2019 through 03/31/2019	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
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I.D. NUMBER
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FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		_____ % RATE		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		_____ % RATE		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.		SUBTOTALS						

(Enter (e) on
Schedule I, Line 3)

Schedule H Summary

- Loans made this period
(Total Column (b) plus unitemized loans less than \$100.)
- Payments received on loans
(Total Column (c) plus unitemized payments less than \$100.)
- Net change this period. (Subtract Line 2 from Line 1.)
(Enter the net here and on the Summary Page, Column A, Line 7.)

NET _____
(May be a negative number)

** If Required

Schedule I

Miscellaneous Increases to Cash

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE I

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER
CALPAC - California Medical Association PAC

I.D. NUMBER
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DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
3/29/2019	California Medical Association Sacramento, CA 95814	Deposit Received in Error; Refunded in Subsequent Reporting Period	\$168.00
3/7/2019	California Medical Association Sacramento, CA 95814	Deposit Received in Error; Refunded in Subsequent Reporting Period	\$1.83

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$169.83

Schedule I Summary

1. Increases to cash of \$100 or more this period.....	\$169.83
2. Unitemized increases to cash under \$100 this period.	\$0.00
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).).....	\$0.00
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.).....	TOTAL \$169.83

FPPC Form 460 (June/01)
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